

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PERSON TO PERSON PAC

ADDRESS (number and street)

PO BOX 49336

☐ Check if different than previously reported. (ACC)

COLORADO SPRINGS

CO

80494

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548214

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PATRICK J. DAVIS

Signature of Treasurer

PATRICK J. DAVIS

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PERSON TO PERSON PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

|   | COLUMN A<br>This Period  | COLUMN B<br>Calendar Year-to-Date                                    |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2015</span> |  | <span style="border: 1px solid black; padding: 2px;">69264.77</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">69264.77</span> |  |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">18005.26</span> | <span style="border: 1px solid black; padding: 2px;">18005.26</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">87270.03</span> | <span style="border: 1px solid black; padding: 2px;">87270.03</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">82407.73</span> | <span style="border: 1px solid black; padding: 2px;">82407.73</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">4862.30</span>  | <span style="border: 1px solid black; padding: 2px;">4862.30</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">27494.88</span> |  |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PERSON TO PERSON PAC**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 5 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 5 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A).....   | 15500.00                      | 15500.00                          |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶   | 15500.00                      | 15500.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 2500.00                       | 2500.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ▶ | 18000.00                      | 18000.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....  | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....  | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....            | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....  | 5.26                          | 5.26                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶                        | 18005.26                      | 18005.26                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ▶                                  | 18005.26                      | 18005.26                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 70418.73                      | 70418.73                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 70418.73                      | 70418.73                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 11989.00                      | 11989.00                          |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 82407.73                      | 82407.73                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 82407.73                      | 82407.73                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 18000.00                      | 18000.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 18000.00                      | 18000.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 70418.73                      | 70418.73                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 70418.73                      | 70418.73                          |

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

All expense reimbursements to individuals are accurately reflected on this report with respect to the itemization of any ultimate vendors that aggregate more than \$200.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

## **A. Pure Water Ridge LLC**

Mailing Address 202 E Gillespie St

City

Starkville

State

MS

Zip Code

39759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : SA11AI.5273**

Amount of Each Receipt this Period

10500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. John Clemens Ryan**

Mailing Address 11516 W 183rd Street  
Unit SW

City

Orland Park

State

IL

Zip Code

60467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Entrepreneur

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15500.00

15500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 24

|                              |                              |   |                             |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. SET IT STRAIGHT**

Mailing Address 5160 HEARTHSTONE LANE

|                  |       |          |
|------------------|-------|----------|
| City             | State | Zip Code |
| COLORADO SPRINGS | CO    | 80919    |

FEC ID number of contributing  
federal political committee.

C C30001861

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 08  |   | 2015        |

**Transaction ID : SA11C.5315**

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. AT&T Data**

Mailing Address 208 S Akard St

City State Zip Code  
Dallas TX 75202
Purpose of Disbursement  
PAC Data Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 15 2015
**Transaction ID : SB21B.5341**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Foley & Lardner LLP**

Mailing Address 3000 K St NW, Suite 600

City State Zip Code  
Washington DC 20007
Purpose of Disbursement  
PAC Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 02 2015
**Transaction ID : SB21B.5262**

Amount of Each Disbursement this Period

5772.00

Full Name (Last, First, Middle Initial)

**C. Foley & Lardner LLP**

Mailing Address 3000 K St NW, Suite 600

City State Zip Code  
Washington DC 20007
Purpose of Disbursement  
PAC Legal Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 11 2015
**Transaction ID : SB21B.5336**

Amount of Each Disbursement this Period

30000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35822.00

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

PERSON TO PERSON PAC

**A. Foley & Lardner LLP**

Mailing Address 3000 K St NW, Suite 600

| City       | State | Zip Code |
|------------|-------|----------|
| Washington | DC    | 20007    |

| Purpose of Disbursement |
|-------------------------|
| PAC Legal Services      |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB21B.5312

Amount of Each Disbursement this Period



500.00

Full Name (Last, First, Middle Initial)

### B. Foley & Lardner LLP

Mailing Address 3000 K St NW, Suite 600

| City       | State | Zip Code |
|------------|-------|----------|
| Washington | DC    | 20007    |

| Purpose of Disbursement |
|-------------------------|
| PAC Legal Services      |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

06 / 26 / 2015

Transaction ID : SB21B.5348

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

### C. Frontier Airlines

Mailing Address Frontier Center One  
7001 Tower Road

| City   | State | Zip Code |
|--------|-------|----------|
| Denver | CO    | 80249    |

|                         |             |
|-------------------------|-------------|
| Purpose of Disbursement | PAC Airfare |
|-------------------------|-------------|

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '02' with two small squares above it. The second display shows '20' with two small squares above it. The third display shows '2015' with four small squares above it. The displays are separated by slashes.

Transaction ID : SB21B.5183

Amount of Each Disbursement this Period

424.20

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1424.20



|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

PERSON TO PERSON PAC

#### A. Gaylord National Resort & Convention Center

Category/  
Type

30.00

State:  District:

### B. Otto Heck

Category/  
Type

State:  District:

707.82

### C. Jones Day

Category/  
Type

State:  District:

| Age group | Number of people |
|-----------|------------------|
| 0-14      | ~100             |
| 15-24     | ~150             |
| 25-34     | ~200             |
| 35-44     | ~250             |
| 45-54     | ~300             |
| 55-64     | ~350             |
| 65-74     | ~400             |
| 75-84     | ~450             |
| 85-94     | ~500             |
| 95-104    | ~500             |

1237.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Suite 700

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01      16      2015
**Transaction ID : SB21B.5184**

Amount of Each Disbursement this Period

2550.66

Full Name (Last, First, Middle Initial)

**B. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Suite 700

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      02      2015
**Transaction ID : SB21B.5260**

Amount of Each Disbursement this Period

2186.95

Full Name (Last, First, Middle Initial)

**C. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Suite 700

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      02      2015
**Transaction ID : SB21B.5261**

Amount of Each Disbursement this Period

1286.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6024.56

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

PERSON TO PERSON PAC

### A. Koch & Hoos, LLC

Date of Disbursement

Transaction ID : SB21B.5313

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1974.27

**B. MentorMeInc. LLC**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5344

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

**C. MentorMeInc. LLC**

Date of Disbursement

06 / 24 / 2015

Transaction ID : SB21B.5346

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1525.00

**SUBTOTAL** of Disbursements This Page (optional).....

3999.27

**TOTAL** This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. Omni Royal Orleans**

Mailing Address 621 St. Louis Street

City New Orleans      State LA      Zip Code 70140

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      23      2015
**Transaction ID : SB21B.5298**

Amount of Each Disbursement this Period

1705.69

Full Name (Last, First, Middle Initial)

**B. Omni Royal Orleans**

Mailing Address 621 St. Louis Street

City New Orleans      State LA      Zip Code 70140

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      23      2015
**Transaction ID : SB21B.5300**

Amount of Each Disbursement this Period

13.94

Full Name (Last, First, Middle Initial)

**C. Mia Palmieri**

Mailing Address 117 E Street, SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Reimbursement: PAC Food & Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01      16      2015
**Transaction ID : SB21B.5150**

Amount of Each Disbursement this Period

302.57

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2022.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew Parks**

Mailing Address 204 4th Street, SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Reimbursement: PAC Taxi/Gas/Food & Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015
**Transaction ID : SB21B.5171**

Amount of Each Disbursement this Period

228.72

Full Name (Last, First, Middle Initial)

**B. Patrick Davis Consulting, LLC**

Mailing Address 5160 Hearthstone Ln

City Colorado Springs      State CO      Zip Code 80919

Purpose of Disbursement  
PAC Management Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2015
**Transaction ID : SB21B.5177**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Patrick Davis Consulting, LLC**

Mailing Address 5160 Hearthstone Ln

City Colorado Springs      State CO      Zip Code 80919

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015
**Transaction ID : SB21B.5129**

Amount of Each Disbursement this Period

2442.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5170.72



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

Full Name (Last, First, Middle Initial)

**A. Sophia Varnasidis**Mailing Address 800 4th Street, SE  
Unit N307

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Reimbursement: PAC Taxi/Food & Beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 16 2015**Transaction ID : SB21B.5173**

Amount of Each Disbursement this Period

219.11

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

219.11

68924.19

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 24

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Foley & Lardner LLP**Nature of Debt (Purpose):  
PAC Legal Services

Mailing Address 3000 K St NW, Suite 600

City State

Zip Code

Washington

DC

20007

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5426

Amount Incurred This Period

5749.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

5749.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jones Day**Nature of Debt (Purpose):  
PAC Legal Services

Mailing Address 51 Louisiana Avenue, NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5428

Amount Incurred This Period

8820.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8820.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MentorMeInc. LLC**Nature of Debt (Purpose):  
PAC Management Fee

Mailing Address R.R. #1 Box 74

City

State

Zip Code

Hastings

IA

51540

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5424

Amount Incurred This Period

1725.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1725.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

16294.88

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 24

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PERSON TO PERSON PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Patrick Davis Consulting, LLC**

Nature of Debt (Purpose):

PAC Management Services/PR Consulting

Mailing Address 5160 Hearthstone Ln

City State

Zip Code

Colorado Springs

CO

80919

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5425

Amount Incurred This Period

11200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

11200.00

2) **TOTALS** This Period (last page this line number only)..... ►

27494.88

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

27494.88

|   |  |   |   |
|---|--|---|---|
| Full Name of Payee<br><b>Margin of Victory Partners LLC</b> |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>05 / 08 / 2015   |   |
| Mailing Address<br>120 Sugar Ln                             |  | Amount<br>750.00  |   |
| City<br>Collierville  | State<br>TN  | Zip Code<br>38017   | Transaction ID : <b>SE.5269</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>05 / 08 / 2015 |
| Purpose of Expenditure<br>Phone Campaign                    | Category/<br>Type  | 004   |   |
| Name of Federal Candidate<br>Roger Starner Jones            | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate  | <input checked="" type="checkbox"/> House District: 01<br>State: MS                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought     | 9439.00  | Disbursement For:<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |   |

|  |   |         |
|--|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | ▶ | 9439.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | ▶ |         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

PATRICK J. DAVIS

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

|   |  |   |   |
|---|--|---|---|
| Full Name of Payee<br><b>Red State Productions LLC</b>  |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 05 / 2015                     |   |
| Mailing Address<br>PO Box 1246                          |  | Amount<br>1000.00   |   |
| City<br>Sioux Falls                                     | State<br>SD  | Zip Code<br>57101   | Transaction ID : <b>SE.5349</b>   |
| Purpose of Expenditure<br>Printing: Door Hangers        | Category/<br>Type  | 004   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>06 / 25 / 2015  |
| Name of Federal Candidate<br>Michael Flynn              | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input type="checkbox"/> President<br><input checked="" type="checkbox"/> House | District: <u>18</u><br>State: <u>IL</u>   |
| Calendar Year-To-Date<br>Per Election for Office Sought | 1000.00  |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u> |

|  |   |         |
|--|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | ▶ | 1550.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | ▶ |         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 24  
FOR LINE 24 OF FORM 3X

|   |          |  |   |  |   |  |         |   |  |   |          |
|---|----------|--|---|--|---|--|---------|---|--|---|----------|
| NAME OF COMMITTEE (In Full)<br><b>PERSON TO PERSON PAC</b>  |          |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00548214</div>   |  |   |  |         |   |  |   |          |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>  |          |  |   |  |   |  |         |   |  |   |          |
| Full Name of Payee<br><b>Red State Productions LLC</b>  |          |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 05 / 2015</div> |  |   |  |         |   |  |   |          |
| Mailing Address<br>PO Box 1246  |          |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>  |  |   |  |         |   |  |   |          |
| City<br>Sioux Falls   |          | State<br>SD  | Zip Code<br>57101   |  | <b>Transaction ID : SE.5351</b>   |  |         |   |  |   |          |
| Purpose of Expenditure<br>Printing: Door Hangers  |          | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |   | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 25 / 2015</div> |   |  |         |   |  |   |          |
| Name of Federal Candidate<br>Darin Lahood   |          |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  |  | Office Sought: <input checked="" type="checkbox"/> House    District: <u>18</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IL</u> |  |         |   |  |   |          |
| Calendar Year-To-Date<br>Per Election for Office Sought   |          |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>  |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2015 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-Primary</u>  |  |         |   |  |   |          |
| Full Name of Payee  |          |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>  |  |   |  |         |   |  |   |          |
| Mailing Address   |          |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |   |  |         |   |  |   |          |
| City  |          | State  | Zip Code  |  | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>             |  |         |   |  |   |          |
| Purpose of Expenditure  |          | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>    |   |  |   |  |         |   |  |   |          |
| Name of Federal Candidate   |          |  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____                    |  |         |   |  |   |          |
| Calendar Year-To-Date<br>Per Election for Office Sought   |          |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                   |  |         |   |  |   |          |
| <table style="width:100%;"><tr><td style="width:60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶</td><td style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</td></tr><tr><td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶</td><td style="border: 1px solid black; padding: 5px; text-align: right;"></td></tr><tr><td>(c) <b>TOTAL</b> Independent Expenditures.....▶</td><td style="border: 1px solid black; padding: 5px; text-align: right;">11989.00</td></tr></table>  |          |  |   |  |   | (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶ | 1000.00 | (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ |  | (c) <b>TOTAL</b> Independent Expenditures.....▶ | 11989.00 |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶  | 1000.00  |  |   |  |   |  |         |   |  |   |          |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶   |          |  |   |  |   |  |         |   |  |   |          |
| (c) <b>TOTAL</b> Independent Expenditures.....▶   | 11989.00 |  |   |  |   |  |         |   |  |   |          |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between;"><div>Signature <u>PATRICK J. DAVIS</u></div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 27 / 2015</div></div></div> |          |  |   |  |   |  |         |   |  |   |          |